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TO: Examiner Yaima Campos
U.S. Patent and Trademark Office

FROM: Roy B. Rhee USER ID: nlk/8056

DATE: February 22, 2007

FAX NO.: (571) 273-8300

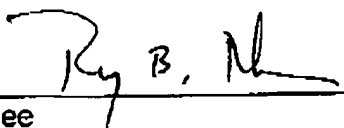
CLIENT: 01772

MATTER: 15057US02

Number of Pages This Transmission (Including Cover Page): 22

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Roy B. Rhee
Reg. No. 57,303

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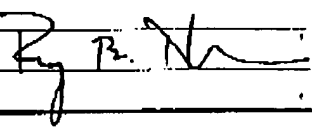
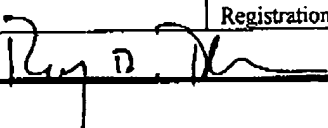
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PTO/SB/21 (07-06)

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TRANSMITTAL FORM		Application Number		10/750,523			
(to be used for all correspondence after initial filing)		Filing Date		December 31, 2003			
		First Named Inventor		Kimming So			
		Art Unit		2185			
		Examiner Name		Yaima Campos			
Total Number of Pages in This Submission		21		Attorney Docket Number		15057US02	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form		<input type="checkbox"/> Drawing(s)		<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Fee Attached		<input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> Amendment/Reply		<input type="checkbox"/> Petition		<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition to Convert to a Provisional Application		<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address		<input type="checkbox"/> Status Letter			
<input checked="" type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Terminal Disclaimer		<input type="checkbox"/> Return-Receipt Postcard			
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Request for Refund		<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> CD Number of CD(s) _____		• Request for Continued Examination (RCE) Transmittal			
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> Landscape Table on CD		• Preliminary Amendment and Request for Continued Examination			
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application							
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53							
Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm		McAndrews Held & Malloy, Ltd.					
Signature							
Printed Name		Roy B. Rhee, Reg. No. 57,303					
Date		February 22, 2007					
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Signature				Date		February 22, 2007	

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Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818) FEE TRANSMITTAL for FY 2006		Complete if Known RECEIVED CENTRAL FAX CENTER FEB 22 2007	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/750,523
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	December 31, 2003
		First Named Inventor	Kimling So
		Examiner Name	Yaima Campos
		Art Unit	2185
		Attorney Docket No.	15057US02

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
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☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

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under 37 CFR 1.16 and 1.17

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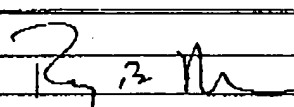
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)		50
Each independent claim over 3 (including Reissues)		200
Multiple dependent claims		360
Total Claims	Extra Claims	Fee(\$)
29	9	50
HP = highest number of total claims paid for, if greater than 20		Fee Paid (\$)
		450
Indep. Claims	Extra Claims	Fee(\$)
8	4	200
HP = highest number of independent claims paid for, if greater than 3		Fee Paid (\$)
		800

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	-

4. OTHER FEE(S)		Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): RCE fee (\$790) and Petition for one month extension of time (\$120)		910

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	67,303
Name (print/type)	Roy B. Rhee	Telephone	(312)775-8000
		Date	February 22, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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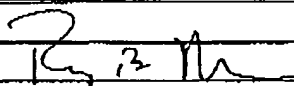
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<p><small>Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818)</small></p> <p>FEE TRANSMITTAL for FY 2006</p>		<p><small>Complete if Known</small></p>																																																		
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TOTAL AMOUNT OF PAYMENT	(\$)	2,160.00																																																		
METHOD OF PAYMENT (check all that apply)																																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)																																																				
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																				
<table border="0" style="width:100%;"> <tr> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th></th> </tr> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>				FILING FEES		SEARCH FEES		EXAMINATION FEES			Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	Design	200	100	100	50	130	65	Plant	200	100	300	150	160	80	Reissue	300	150	500	250	600	300	Provisional	200	100	0	0	0	0
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